Sinclair, (A. G.)



# IRITIS.

BY A. G. SINCLAIR, M.D., MEMPHIS, TENN.

*Professor of Diseases of the Eye, Ear, and Throat, Memphis Hospital Medical College, Memphis, Tenn.; formerly Resident Surgeon of the New York Eye, Ear, and Throat Infirmary.*

*Read before the Medical Society of the State of Tennessee at its Fifty-third Annual Session, held at Memphis, April* 6-7, 1886.

HASSLOCK & AMBROSE, PRINTERS, NASHVILLE.

# IRITIS.

BY A. G. SINCLAIR, M.D., MEMPHIS, TENN.,

*Professor of Diseases of the Eye, Ear, and Throat, Memphis Hospital Medical College, Memphis, Tenn.; formerly Resident Surgeon of the New York Eye, Ear, and Throat Infirmary.*

The frequency with which I am called upon to treat cases of iritis which have been diagnosticated neuralgia and treated accordingly by those who do not make diseases of the eye a special study leads me to believe that I may with profit ask your attention for a few moments to some of the more striking symptoms, the dangers, and the treatment of this disorder. I feel sure that a clearer conception of these matters by the general practitioner would result in the saving of many eyes annually.

The pain, commonly occurring in the afternoon and early portion of the night, which in nearly all cases accompanies this disease is often more marked in the temple and over the corresponding side of the head than in the eye itself, and this, together with the absence of a purulent discharge, is liable to mislead the observer, and induce the belief that the hyperæmia, photophobia, and lachrymation, are due to neuralgia. In inflammation the iris loses its luster. Its color undergoes a change—a blue or gray iris assuming a somewhat greenish, and a brown iris a more or less reddish, cast. These alterations in its appearance arise from congestion of its blood-vessels, infiltration of its

tissue, and turbidity of the aqueous humor, and, when but one eye is attacked, become very apparent on comparison of the affected organ with its normal fellow. A striking symptom, and one which should always be looked for, is peri-corneal congestion. A series of minute blood-vessels here forms a connecting link between intra and extra-ocular circulation. In the normal condition these vessels are invisible, but when congested they form a narrow pinkish band around the cornea, which always indicates disturbance of the intra-ocular circulation. These symptoms, together with the reduction in the sharpness of sight, should be sufficient to lead the observer to an early and correct diagnosis, or at least to the certainty that the patient is suffering from some very grave form of eye disease, and not from neuralgia—a matter of the highest importance, for in violent attacks adhesions may form between the iris and the capsule of the crystalline lens even within forty-eight hours from the onset of the disorder. These adhesions are always sources of irritation, and are liable to excite repeated attacks of inflammation, which in time involve the ciliary body and choroid, and result in atrophy of the eyeball. Nor is this all; for these synechiæ may give rise to that most formidable affection, sympathetic ophthalmia, and thus leave the sufferer in utter and hopeless blindness.

The disease may be classed under three heads—the purely serous, sero-plastic, and plastic. In the two latter adhesions occur, and constitute their chief danger; while in the serous variety this arises from excessive intra-ocular pressure, the result of augmentation of the contents of the eyeball.

In regard to the treatment, whatever may be the nature of the attack, the object to be accomplished at the earliest possible moment is complete dilatation of the pupil, a condition that should be maintained until all symptoms of the disease have disappeared. By this means not only is the formation of synechiæ prevented, but the blood-vessels of the iris are contracted, and consequently more or less depletion of the inflamed tissue is secured. For this purpose any of the mydriatics may be employed, but the sulphate of atropia will generally be found the most efficient. To this should be added, in the serous form, the

the drawing off of the aqueous humor by paracentesis of the cornea for the purpose of reducing the intra-ocular pressure. Rest and the exclusion of light are essential factors in the treatment, and in plethoric patients free depletion often affords marked relief. A large proportion of cases depend on constitutional causes, and of course demand appropriate constitutional, as well as local, treatment.